



Instructions for Commercial Driver Training Instructor's Certificate Application

First Time Applicants

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. Fingerprint Cards:
 - (a) One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
 - (b) An affidavit from a state, county, or city officer, qualified to make such fingerprints, that the fingerprints are those of the applicant.
 - (c) A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation G.B.I. to cover the fingerprint processing fee.
4. A lab report, from an accredited lab, that shows the results of a drug test.
5. Have the enclosed Medical Examination Report completed and signed by your doctor.
6. A Motor Vehicle Report (MVR). If you have been licensed in a state other than Georgia in the past five (5) years, you must obtain an MVR that state(s). Three (3) year MVR's will not be accepted.
7. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application. This step may be omitted if applicant is the owner of the school.
8. A \$30.00 money order, certified check, or cashier's check made payable to Georgia Department of Motor Vehicle Safety to cover both the application and examination fee.
9. Complete the Consent for Background Investigation Form and have notarized.
10. Contact Ms. Nancy Sexton at (678) 413-8731 to schedule a date for the instructor's exam.

Renewal Applications

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. A lab report, from an accredited lab, that shows the results of a drug test.
4. Have the enclosed Medical Examination Report completed and signed by your doctor.
5. A Motor Vehicle Report (MVR). If you have been licensed in a state other than Georgia in the past five (5) years, you must obtain an MVR that state(s). Three (3) year MVR's will not be accepted.
6. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application. This step may be omitted if applicant is the owner of the school.
7. A \$5.00 money order, certified check, or cashier's check made payable to Georgia Department of Motor Vehicle Safety to cover both the application and examination fee.
8. Complete the Consent for Background Investigation Form and have notarized.

Transfer Applications

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filling this application.
3. Attach old instructors certificate to this application. (If it has not been turned in to previous school.)
4. Have the enclosed Medical Examination Report completed and signed by your doctor.
5. A lab report, from an accredited lab, that shows the results of a drug test.
6. A \$5.00 money order, certified check, or cashier's check made payable to Georgia Department of Motor Vehicle Safety to cover the transfer fee.
7. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application.
8. Complete the Consent for Background Investigation Form and have notarized.



Georgia Department of Motor Vehicle Safety
2206 East View Parkway • P.O. Box 80447 • Conyers, GA 30013

Commercial Driver Training Instructor Application

Check the Type of Application: ☐ **First-Time Applicant** ☐ **Renewal** ☐ **Transfer**

Applicant's Information

Applicant's Full Name: _____
(Last) (First) (Middle)

Residence Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Telephone #: (_____) _____ Work or Cellular: (_____) _____

E-Mail Address: _____ Date of Birth: _____

Height: _____ Weight: _____ Color of Hair: _____ Color of Eyes: _____

School Information

Name of school currently employed by: _____

Address of school: _____

List name of school transferring from where applicable: _____

List all schools previously employed by: _____

Driving and License History

Do you possess a current Georgia Driver's License? ☐ Yes ☐ No.

Driver's License #: _____ Number of years licensed in Georgia: _____

Have you ever been licensed in any other state? ☐ Yes ☐ No.

If yes, what state? _____ For how long were licensed in that state: _____

Driving and License History Continued

Have you ever have a Driver's license revoked, suspended, cancelled, or denied in Georgia or any other state?

☐ Yes ☐ No.

If so, when and where? _____

Provide date for each occurrence: _____

Have you been re-licensed since that time? ☐ Yes ☐ No.

If so, give date of re-licensing: _____

Have you ever been convicted of a traffic violation? ☐ Yes ☐ No. If so, when? _____

What offense? _____

Location of offense? _____ More than once? ☐ Yes ☐ No.

Have you ever been involved as a driver in an automobile accident? ☐ Yes ☐ No.

If yes, give date of accident: _____ Any fatalities? ☐ Yes ☐ No.

Any Injuries? ☐ Yes ☐ No. Location of accident: _____

Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle? ☐ Yes ☐ No. If yes, give particulars: _____

Background Information

Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court? ☐ Yes ☐ No.

What were the charge(s)? _____

When: _____ Where: _____

Are there any proceedings pending against you relative to any crime, misdemeanors, or violations?

☐ Yes ☐ No. If so, give particulars: _____

Have you ever been addicted to narcotic drugs or intoxicating liquor? ☐ Yes ☐ No.

If so, are you in total abstinence? ☐ Yes ☐ No. How long have you been drug free? _____

Have you ever been a patient in or committed to an institution for the treatment of alcohol or drug addiction?

☐ Yes ☐ No. If so, date(s)? _____

Name and location of institute: _____

Background Information Continued

Give date of release or last treatment: _____

Do you have a relative employed by the Georgia Department of Motor Vehicle Safety? ☐ Yes ☐ No.

If yes, give name _____ Position: _____

Relationship: _____

Educational Record

School	Name and Location	Years Attended	Credits or Diplomas
High School			
College			
Vocational School			
Other			

Work History

Number of years you have worked in the Trucking Industry: _____

List all teaching or instructional experience: _____

Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature of Applicant

Date

Sworn to before me this _____ day of _____, _____

Notary Public

Seal Required

Commission Expires

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATE OF APPROVAL



AFFIDAVIT

Have the Official that takes your fingerprints sign and date this affidavit

STATE OF GEORGIA

COUNTY OF _____

I do solemnly swear (or affirm) that the attached fingerprints are those of the applicant named herein:

Signature of Official Taking Fingerprints

Name of Above Official's Agency

Date of Fingerprinting

NOTE: BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> Residence | <input type="checkbox"/> Height |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Color of Hair |
| <input type="checkbox"/> Age | <input type="checkbox"/> Color of Eyes |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Race | <input type="checkbox"/> Citizenship |

The fingerprint card without the forgoing information will not be accepted.

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			
Department of Motor Vehicle Safety 2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013			
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) Georgia	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Have you been convicted, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, any other state, or of the federal system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a charge or court hearing pending or are you under any indictment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information may result in certificate denial, cancellation, suspension, or revocation, and possible criminal and civil prosecution.

Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

THIS CONSENT FORM MUST BE NOTARIZED

Signature

Date

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires:

Return form to the Regulatory Compliance Unit

IMPORTANT NOTICE TO INSTRUCTORS

Background Investigation:

The G.B.I., F.B.I., and a DMVS Investigator will conduct a full and complete background investigation before any instructor's license is issued.

No license will be issued to any applicant who has been convicted of: any felony, violence, dishonesty, deceit, fraud, indecency or moral turpitude.

If you have been arrested for any of the above, but not convicted, you will be asked to submit a copy of the disposition from the courts. If you have received a pardon you will need to provide evidence of the pardon.

Driving History Investigation:

Your driving history will also be investigated before any instructor's license is issued.

No instructor's license will be issued if:

- Your driver's license was suspended for any reason within one (1) year of making application.
- Your driver's license was suspended for two (2) or more times within five (5) years of making application.
- You have plead guilty, had a bond forfeiture, or a nolo contendere for any mandatory suspension offense (see below) within one (1) year prior to making application.
- You have plead guilty, had a bond forfeiture, or a nolo contendere to two (2) or more mandatory suspension offenses (see below) with five years prior to making application.

Drivers License Mandatory Suspension Offenses (If Convicted)

- Homicide by vehicle.
- A conviction for driving under the influence of alcohol or drugs.
- Any felony in the commission of which a motor vehicle is used.
- Using a motor vehicle in fleeing or attempting to elude an officer.
- Fraudulent or fictitious use of, or application for a license.
- Hit and run or leaving the scene of an accident.
- Racing.
- Failure to maintain liability insurance coverage (No Fault).
- Refusal to take a chemical test for intoxication, then your license will be suspended for 12 months.
- Failure to maintain minimum liability coverage of any automobile which you may own or operate.
- Conviction for driving without insurance is a 60/90-day suspension.
- If convicted for driving while license is suspended, revoked or canceled, your driver license will be further suspended for six months.
- Failure to appear in court or respond to a citation.
- Possession, distribution, manufacture, cultivation, sale or transfer of a controlled substance or marijuana.
- Accumulation of 15 points within 24 months under the point system, including violations committed out-of-state.